

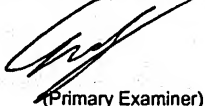


|  |                 |                |  |
|--|-----------------|----------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)   |  |
|  | 10/073,132      | YOSHIDA ET AL. |  |
|  | Examiner        | Art Unit       |  |
|  | Anh Q. Tran     | 2819           |  |

| ISSUE CLASSIFICATION   |          |   |                                   |    |     |                          |  |                      |  |
|--|----------|---|-----------------------------------|----|-----|--------------------------|--|----------------------|--|
| ORIGINAL   |          |   | CROSS REFERENCE(S)                |    |     |                          |  |                      |  |
| CLASS  | SUBCLASS | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |    |     |                          |  |                      |  |
| 326  | 57       | 326   | 52                                | 55 | 113 |                          |  |                      |  |
| INTERNATIONAL CLASSIFICATION   |          |   |                                   |    |     |                          |  |                      |  |
| H03K   | 19121    |   |                                   |    |     |                          |  |                      |  |
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| (Assistant Examiner) (Date)  |          | ANH Q. TRAN<br>PRIMARY EXAMINER   |                                   |    |     | Total Claims Allowed: 8  |  |                      |  |
|  4/11/04<br>(Legal Instruments Examiner) (Date) |          | <br>(Primary Examiner) |                                   |    |     | O.G. Print Claim(s)<br>1 |  | O.G. Print Fig.<br>2 |  |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
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